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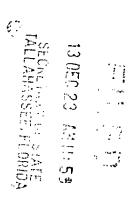
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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12/23/13--01009--012 **25.00



COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Cinenature LLC Name of Limited Biability Company		
The enclosed	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	all correspondence concerning this matter to the following:		
	Kelley Dad Name of Person		
	Gibbs and Parnell, PA		
	72d E. Fletcher Ave		
	Tampa FL 33612 City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further inf	formation concerning this matter, please call:		į.
K	Name of Person at 813 975-4444 S	0.23	ه ويناه د د و بناه د د
Enclosed is a	check for the following amount:	AH II: 5	1 2 mg
\$25.00 Fili		Fee, of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability O	ture LLC	ur records)			
(A Florida Lin	mited Liability Company)	ur records.			
The Articles of Organization for this Limited Liability Con	mpany were filed on Augu	St 8, 2013 and assigned			
Florida document number <u>L13000111902</u>	-	·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," t	he designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)	special control of the control of th			
		Av			
Enter new mailing address, if applicable:		in No.			
(Mailing address MAY BE A POST OFFICE BOX)		1777 - SAJ 171			
B. If amending the registered agent and/or register		ecords, enter the name of the nev			
registered agent and/or the new registered office addre	ess nere:				
North China David China China					
Name of New Registered Agent:	· · · ·				
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action MGRM John W. Boult, Jr Remove Remove Ś Add Remove Remove

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December 1	8 ,	20B	·				
	enature of a	member or at	uthorize	ed represent	ative of a n	nember	
	Tho	Mas Typed or pr	Finted ha	Par C ame of sign	el)		
	7		Signature of a member or a Thomas Typed or pr	Signature of a member or authorized the Typed or printed in	Signature of a member or authorized represent Thomas F Par O Typed or printed name of sign	Signature of a member or authorized representative of a name of signee	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY STATE